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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Applicant(s)                                                                             |                     |
| Notice of Allowshility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10/644,814                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BUCKNER, JAMES D.                                                                        |                     |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Art Unit                                                                                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Suzanne Dino Barrett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3676                                                                                     |                     |
| The MAILING DATE of this communication appe<br>All claims being allowable, PROSECUTION ON THE MERITS IS<br>herewith (or previously mailed), a Notice of Allowance (PTOL-85)<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI<br>of the Office or upon petition by the applicant. See 37 CFR 1.313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (OR REMAINS) CLOSED in this app<br>or other appropriate communication<br>GHTS. This application is subject to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | plication. If not include<br>will be mailed in due                                       | ed<br>course. THIS  |
| 1. A This communication is responsive to <u>amendment filed 6/14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>//04</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                     |
| 2. X The allowed claim(s) is/are 1-23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                     |
| 3. $\boxtimes$ The drawings filed on <u>8/21/03</u> are accepted by the Examine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                     |
| 4. ☐ Acknowledgment is made of a claim for foreign priority un a) ☐ All b) ☐ Some* c) ☐ None of the:  1. ☐ Certified copies of the priority documents have 2. ☐ Certified copies of the priority documents have 3. ☐ Copies of the certified copies of the priority documents nave International Bureau (PCT Rule 17.2(a)).  * Certified copies not received: ☐ Applicant has THREE MONTHS FROM THE "MAILING DATE" on oted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  5. ☐ A SUBSTITUTE OATH OR DECLARATION must be submited in INFORMAL PATENT APPLICATION (PTO-152) which give (a) ☐ including changes required by the Notice of Draftsperson (a) ☐ including changes required by the Notice of Draftsperson (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date ☐ Identifying indicia such as the application number (see 37 CFR 1.1 each sheet. Replacement sheet(s) should be labeled as such in the cach sheet. Replacement sheet(s) should be labeled as such in the DEPOSIT OF and/or INFORMATION about the depose attached Examiner's comment regarding REQUIREMENT F | been received.  been received in Application No cuments have been received in this application.  It do note the attached EXAMINER' as reason(s) why the oath or declarate the submitted.  It is submitted.  It is application.  The submitted is a submitted.  The submitted is a submitted.  The submitted is a submitted in the Owner of the drawing in the ader according to 37 CFR 1.121(do note the according to 37 CFR 1.121(do note | national stage applicate complying with the reconstruction of the front (not the light). | quirements OTICE OF |
| Attachment(s)  1. ☐ Notice of References Cited (PTO-892)  2. ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)  3. ☐ Information Disclosure Statements (PTO-1449 or PTO/SB/08 Paper No./Mail Date  4. ☐ Examiner's Comment Regarding Requirement for Deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Examiner's Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (PTO-413),<br>e<br>nent/Comment                                                          | ·                   |
| of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Suzanne Dino Barr<br>Primary Examiner<br>Art Unit: 3676                                  | ett                 |

U.S. Patent and Trademark Office PTOL-37 (Rev. 1-04)